

## PESTICIDE APPLICATION RECORD (Version 1)

**NOTE:** This form must be completed same day as the application  
and it must be retained for 7 years (Ref. RCW 17.21)

1. Date of Application - Year: ..... Month: ..... Day: ..... Time: .....
2. Name of Person for whom the pesticide was applied: .....  
Firm Name (if applicable): .....  
Street Address: ..... City: ..... State: ..... Zip: .....
3. Licensed Applicator's Name (if different from #2 above): ..... License No. ....  
Firm Name (if applicable): ..... Tel. No. ....  
Street Address: ..... City: ..... State: ..... Zip: .....
4. Name of person(s) who applied the pesticide (if different from #3 above): .....  
..... License No(s), if applicable: .....
5. Application Crop or Site: .....
6. Total Area Treated (acre, sq. ft., etc.): .....
7. Was this application made as a result of a WSDA Permit? ☐ No ☐ Yes (if yes, give Permit No.) # .....
8. Pesticide Information (please list all information for each pesticide in the tank mix):

a) Product Name	b) EPA Reg. No.	c) Total Amount of Pesticide Applied in Area Treated	d) Pesticide Applied/Acre (or other measure)	e) Concentration Applied
			/	
			/	
			/	
			/	

9. Address **or exact location** of application. NOTE: if the application is made to one acre or more  
of agricultural land, the field location must be shown on the map on page two of this form.

10. Wind direction and estimated velocity during the application: .....
11. Temperature during the application: .....
12. Apparatus license plate number (if applicable): .....
13. ☐ Air ☐ Ground ☐ Chemigation
14. Miscellaneous Information:

**Location of Application** (If the application covers more than one township or range, please indicate the township & range for the top left section of the map only:

Township: ..... N


Range: E OR W (please indicate) .....


Section(s): .....

County: .....

**PLEASE NOTE:**

*The map is divided into 4 sections with each section divided into quarter-quarter sections. Please complete it by marking the appropriate section number(s) on the map and indicate as accurately as possible the location of the area treated.*

Section: .....				Section: .....				 One Mile
Section: .....				Section: .....				


  
N

Miscellaneous Information:

# INSTRUCTIONS

## Pesticide Application Record (Version 1) AGR 4226 (Rev. 4/99)

1. Date may be spelled out or indicated numerically. Time may be indicated as start and stop times.
2. Please include first and last name.
3. If the person's name is the same as No. 2, please write "same" in the space for the licensed applicator's name and include the license number (if applicable) and telephone number.
4. Please include first and last name(s).
5. Indicate type of land or site treated, not location. Examples: wheat, apples, rights-of-way, lawn, trees and shrubs, crawl space, wall voids, etc.
6. May also be stated in terms such as linear feet, cubic feet, etc. (Please specify the term to which the number refers.)
7. If the application was made under permit, but no permit number was issued, please indicate the date the permit was issued.
8.
  - a) Brand name found on the pesticide label.
  - b) This number is found on the pesticide container label. If the material is being applied under a federal experimental use permit and no EPA Reg. No. exists, please list the federal experimental use permit number. If the material is a spray adjuvant (buffer, spreader, sticker, etc.) please write "adjuvant" in this space.
  - c) Indicate the amount of pesticide formulation (product) applied to the total area listed on line 6.
  - d) Other measures may include amount/sq. ft., amount/cu. ft., amount/linear ft., etc.
  - e) This may be listed in various ways, such as: amount of formulation/100 gallons water, percent formulation in the tank mix (i.e. 1%), amount of tank mix/acre (or other measure). Please specify the term to which the number refers.
9. Agricultural land includes such areas as forest lands and range lands. It does not include transportation and utility rights-of-way.
10. Indicate the direction from which the wind is blowing. If the wind varies in direction and velocity during the application, please indicate the range of variance (i.e. S-SW 3-7 mph).
11. Please indicate temperature in degrees Fahrenheit. (It may be indicated as the range encountered during application.)
12. This does not apply to private applicators or public agencies.
13. Please check one.
14. This space is available for any additional information you may wish to include.